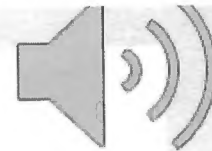


Basic Tenants



- All people:
 - Engage in some level of risky behavior
 - can be supported to make decisions to minimize harm if they persist in risky behaviors
- Important to “meet people where they are at” and work with them over time.
- Over time people can achieve improved safety and health with successive adoption of Harm Reduction practices.

Basic Tenants (Continued)



- It is never okay to judge someone you are trying to help.
- Check your prejudices at the door. You are there to help the person be the healthiest person they choose to be at that time.
- Your support does not mean you “condone” their behavior. It means you accept that it exists and work with that person to change the behavior and reduce the harm it may be causing to them or others.
- Any positive step in reducing harm is considered a success.

Application of Harm Reduction at QI



- A trauma-informed, client-centered approach to care delivery is critical.
- Any opportunity to move people along the Harm Reduction spectrum has potential long-lasting implications and should not be underestimated.
- Within QI, the practice of Harm Reduction is most relevant to the care of clients with active substance use disorder, severe persistent mental illness (SPMI), and treatment non-adherence.

Substance Use Disorder (SUD)



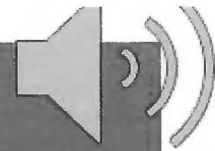
- Clients who are actively using substances are welcome at QI and belongings are searched upon admission
- If clients are found to be using, they will not be discharged from the site
- During the intake process, the admitting provider should assess:
 1. the extent of the substance
 2. risk for withdrawal
 3. other adverse events

Substance Use Disorder (SUD)



- Clients should be offered:
 - Substance use counseling
 - Harm Reduction counseling/skills-building
 - Medications/supportive care to manage withdrawal symptoms
 - Medications for addiction treatment (MAT)
- Clients at risk for drug overdose should be given a box of Narcan and instructed on its appropriate use
- More intensive counseling and monitoring will be provided, and clients will be supported to maximize the practice of Harm Reduction while on site

Serious and Persistent Mental Illness (SPMI)



- Belongings are searched upon admission, including any items that may be used as weapons.
- During the intake process, the admitting provider should assess:
 - Extent of the mental health disorder
 - Risk for harm to self or others
- Clients should be offered mental health counseling

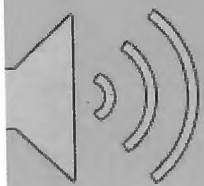
Serious and Persistent Mental Illness (SPMI)



- Clients with active SPMI symptoms should be closely monitored and preventive measures put into place to minimize escalation
- If clients' mental health symptoms pose significant risk and that risk cannot be mitigated, they will be discharged and transferred to another locations (e.g., psychiatric emergency room)

Treatment Adherence

- Clients may decline treatment of certain medical or behavioral health conditions.
- For example: if a client is clinically stable and not exhibiting s/sx of hypertensive urgency, education should be provided benefits of medical intervention and risks of refusal. Always document!

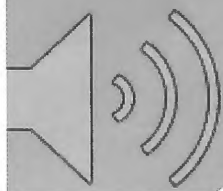


Treatment Adherence



- In the previous scenario 911 should only be called if the client is exhibiting signs or symptoms of hypertensive URGENCY
- A client can still refuse to be taken to the hospital after EMT arrival ("Against Medical Advice")
- Staff should attempt to understand the client's explanatory model for his illness and provide education to support the client to make the best decision for their self at the time

Treatment Adherence



- A client should not be discharged for "nonadherence" unless this poses an immediate safety risk for other clients, staff or the community at large
- The receipt of counseling and client's response should be documented in the chart. Once again ALWAYS DOCUMENT!